

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10056998

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				61						
2							62						
3							63						
4							64						
5							65						
6			1				66						
7							67						
8							68						
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39							99						
40							100						
41													
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45													
46													
47													
48													
49													
50													
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			2				TOTAL CLAIMS						